**OSVC Sand Volleyball Registration**

**Please Fill out the form completely below and email to Damon Wodke at** dwodke4@gmail.com **for registration of your child. Payment will be due at parent meeting.**

Parent/Guardians First Name (required)
Please fill in the required field.

Parent/Guardians Last Name (required)
Please fill in the required field.

Players Name (required)
Please fill in the required field.

Players last Name (required)
Please fill in the required field.

Age (required)
Please fill in the required field.

Birthdate (required)
Please fill in the required field.

Grade (required)
Please fill in the required field.

Player Partner Name (required)
Please fill in the required field.

Player Partner last Name (required)
Please fill in the required field.

Age (required)
Please fill in the required field.

Preferred contact Phone Number (required)
Please fill in the required field.

Address (required)
Please fill in the required field.

City/Zip Code (required)
Please fill in the required field.

State (required)
Please fill in the required field.